

United States Environmental Protection Agency
Washington, DC 20460

Notification of Hazardous Waste Activity

Please refer to the *Instruction*
Filing Notification before comp
this form. The information requ
here is required by law (St
of the Resource Conserv
and Recovery Act).

For Official Use Only

Comments

C

C

Installation's EPA ID Number

Approved

Date Received (month day)

C

T/A C

F

1

I. Name of Installation

ROBINSON TERMINAL WSE CORP

II. Installation Mailing Address

Street or P.O. Box

C

3

#2 DUKE ST

City or Town

State

ZIP Code

C

4

ALEXANDRIA

VA 2231

III. Location of Installation

Street or Route Number

C

5

SARIE

City or Town

State

ZIP Code

C

6

IV. Installation Contact

Name and Title (last, first, and job title)

Phone Number (area code and number)

C

2

ROBERT TAYLOR VP

703 836 830

V. Ownership

A. Name of Installation's Legal Owner

B. Type of Ownership (enter in appropriate box)

C

R

WASHINGTON POST LLC

P

VI. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to instructions.)

A. Hazardous Waste Activity

B. Used Oil Fuel Activities

- ☒ 1a. Generator ☐ 1b. Less than 1,000 kg/mo.
- ☐ 2. Transporter
- ☐ 3. Treater/Storer/Disposer
- ☐ 4. Underground Injection
- ☐ 5. Market or Burn Hazardous Waste Fuel
(enter 'X' and mark appropriate boxes below)
- ☐ a. Generator Marketing to Burner
- ☐ b. Other Marketer
- ☐ c. Burner

- ☐ 6. Off-Specification Used Oil Fuel
(enter 'X' and mark appropriate boxes below)
- ☐ a. Generator Marketing to Burner
- ☐ b. Other Marketer
- ☐ c. Burner
- ☐ 7. Specification Used Oil Fuel Marketer (or On site Burner)
Who First Claims the Oil Meets the Specification

VII. Waste Fuel Burning: Type of Combustion Device (enter 'X' in all appropriate boxes to indicate type of combustion device(s), which hazardous waste fuel or off-specification used oil fuel is burned. See instructions for definitions of combustion devices.)

☐ A. Utility Boiler☐ B. Industrial Boiler☐ C. Industrial Furnace

VIII. Mode of Transportation (transporters only — enter 'X' in the appropriate box(es))

- ☐ A. Air ☐ B. Rail ☐ C. Highway ☐ D. Water ☐ E. Other (specify)

IX. First or Subsequent Notification

Mark 'X' in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your installation's EPA ID Number in the space provided below.

- ☐ A. First Notification ☒ B. Subsequent Notification (complete item C)

C. Installation's EPA ID Number

VA D05860526

ID — For Official Use Only													
C												T/A	C
W													1

X. Description of Hazardous Wastes (continued from front)

A. Hazardous Wastes from Nonspecific Sources. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from nonspecific sources your installation handles. Use additional sheets if necessary.

1 D001	2 D002	3 D004	4 D005	5 D006	6 D007
7 D008	8 D009	9 D010	10 D011	11	12

B. Hazardous Wastes from Specific Sources. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
19	20	21	22	23	24
25	26	27	28	29	30

C. Commercial Chemical Product Hazardous Wastes. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
37	38	39	40	41	42
43	44	45	46	47	48

D. Listed Infectious Wastes. Enter the four-digit number from 40 CFR Part 261.34 for each hazardous waste from hospitals, veterinary hospitals, or medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54
----	----	----	----	----	----

E. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.21 — 261.24)

☒ 1. Ignitable
(D001)

☒ 2. Corrosive
(D002)

☐ 3. Reactive
(D003)

☒ 4. Toxic
(D000) D001 D002 D003 D004 D005 D006 D007 D008 D009 D010

XI. Certification

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Signature Robert E. Taylor	Name and Official Title (type or print) VICE President	Date Signed 06/21/88
-------------------------------	---	-------------------------

EPA Form 8700-12 (Rev. 11-85) Reverse

The company adding waste stream

United States Environmental Protection Agency
Washington, DC 20460

Please refer to the *Instructions for Filing Notification* before completing this form. The information required here is required by law (3010 of the Resource Conservation and Recovery Act).

Comments

[illegible]

R	O	B	I	N	S	O	N	T	E	R	M	I	N	A	L	W	H	S	E	C	O	R	P
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

Street or P.O. Box

[illegible]

Street or Route Number

[illegible]

Name and Title (last, first, and job title)

2	ROBERT	TAYLOR			VP			703	33683
---	--------	--------	--	--	----	--	--	-----	-------

A. Name of Installation's Legal Owner

C	W	A	S	H	I	N	G	T	O	N	P	O	S	T	I	N	C	C	O	R	P	O	R	A	T	I	O
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

A. Hazardous Waste Activity

☒ 1a. Generator ☐ 1b. Less than 1,000 kg/mo.

☐ 2. Transporter

☐ 3. Treater/Storer/Disposer

☐ 4. Underground Injection

☐ 5. Market or Burn Hazardous Waste Fuel
(enter "X" and mark appropriate boxes below)

☐ a. Generator Marketing to Burner

☐ b. Other Marketer

☐ c. Burner

B. Used Oil Fuel Activities

☐ 6. Off-Specification Used Oil Fuel
(enter 'X' and mark appropriate boxes below)

☐ a. Generator Marketing to Burner

☐ b. Other Marketer

☐ c. Burner

☐ 7. Specification Used Oil Fuel Marketer for On Site Burner
Who First Claims the Oil Meets the Specification of

VII. Waste Fuel Burning: Type of Combustion Device (enter 'X' in all appropriate boxes to indicate type of combustion device which hazardous waste fuel or off-specification used oil fuel is burned. See instructions for definitions of combustion devices.)

☐ A. Utility Boiler ☐ B. Industrial Boiler ☐ C. Industrial Furnace

☐ A. Air ☐ B. Rail ☐ C. Highway ☐ D. Water ☐ E. Other (specify)

Mark 'X' in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your installation's EPA ID Number in the space provided below.

☒ A. First Notification ☐ B. Subsequent Notification (*complete item C*)

C. Installation's EPA ID Number								

RECEIVED
WV/VA SECTION

OCT 16 1986

U.S. EPA, Region III

C

W

T/

X. Description of Hazardous Wastes (continued from front)**A. Hazardous Wastes from Nonspecific Sources.** Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from nonspecific sources your installation handles. Use additional sheets if necessary.

1 D001	2 D002	3 D004	4 D005	5 D006	6 D00
7 D008	8 D009	9 D010	10 D011	11	12

B. Hazardous Wastes from Specific Sources. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific sources your installation handles. Use additional sheets if necessary. *none*

13	14	15	16	17	18
19	20	21	22	23	24
25	26	27	28	29	30

C. Commercial Chemical Product Hazardous Wastes. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary. *none*

31	32	33	34	35	36
37	38	39	40	41	42
43	44	45	46	47	48

D. Listed Infectious Wastes. Enter the four-digit number from 40 CFR Part 261.34 for each hazardous waste from hospitals, veterinary hospitals, or medical and research laboratories your installation handles. Use additional sheets if necessary. *none*

49	50	51	52	53	54
----	----	----	----	----	----

E. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous waste your installation handles. (See 40 CFR Parts 261.21 — 261.24)☒ 1. Ignitable
(D001)☒ 2. Corrosive
(D002)☐ 3. Reactive
(D003)☒ 4. Toxic
(D000)**XI. Certification**

I certify under penalty of law that I have personally examined and am familiar with the information submitted, this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Signature

* Robert E. Taylor

Name and Official Title (type or print)

Vice-President

Date Signed

Sept 24, 1986

EPA Form 8700-12 (Rev. 11-85) Reverse

RECEIVED
 WV/VA SECTION

OCT 16 1986

U.S. EPA, Region III



**ACKNOWLEDGEMENT OF NOTIFICATION
OF HAZARDOUS WASTE ACTIVITY
(VERIFICATION)**

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

VAD058605262

TAYLOR, ROBERT VP

ROBINSON TERMINAL WAREHOUSE CORP
2 DUKE ST
ALEXANDRIA VA 22314

INSTALLATION ADDRESS

2 DUKE ST
ALEXANDRIA VA 22314

RCRIS MAINTENANCE FORM FOR STATE AND EPA UNIVERSE INFORMATION

EPA ID V | A | D | 0 | 5 | 8 | 6 | 0 | 5 | 2 | 6 | 2

Facility Name Robinson Terminal Whse Corp

Waste Activity Source		Type	RCRA Reg Status	RCRA Reg Description	Notification Date
Generator	E				
	N	<u>1</u>	<u>N</u>	<u>6</u>	<u>2/25/93</u>
TSD	E				
	N				
Transporter	E				
	N				
Burner	E				
	N				

Process Code Information
Source **E** or **S** (circle correct one)

PROCESS CDE/SEQ	COMM AVAIL	AMT TYPE	STATUS	AMOUNT	UOM	NO. OF UNITS	REPORT DATE

<input type="checkbox"/> IR Inspection report	<input type="checkbox"/> Affidavit from the facility
<input type="checkbox"/> Revised Notification from the state	<input type="checkbox"/> Affidavit from the state
<input type="checkbox"/> Revised Notification from the facility	<input type="checkbox"/> Biennial report
<input type="checkbox"/> EPA clean closure certificate	<input checked="" type="checkbox"/> Documentation not required
<input type="checkbox"/> State documentation certifying clean closure	
<input type="checkbox"/> Other	
<u>FC w/ state</u>	

Date to ~~EAC~~ **ATK** MAY 26 1993
Batch # 74
Date QA'd JUL 21 1993

Please refer to the Instructions for Filing Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).



Notification of Regulated Waste Activity

United States Environmental Protection Agency

Date Received
(For Official Use Only)

OCT 13 1992

I. Installation's EPA ID Number (Mark 'X' in the appropriate box)

☐

A. First Notification

☒

E. Subsequent Notification
(Complete item C)

C. Installation's EPA ID Number

V A D 0 5 8 6 0 5 2 6 2

II. Name of Installation (Include company and specific site name)

R O B I N S O N T E R M I N A L W A R E H O U S E C O R .

III. Location of Installation (Physical address not P.O. Box or Route Number)

Street

2 D U K E S T R E E T

Street (continued)

City or Town

A L E X A N D R I A

State

ZIP Code

V A 2 2 3 1 4 -

County Code

County Name

IV. Installation Mailing Address (See Instructions)

Street or P.O. Box

P O B O X 5 5 0

City or Town

A L E X A N D R I A

State

ZIP Code

V A 2 2 3 1 3 -

V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (last)

G I L B E R T

(first)

P A U L

Job Title

S U P E R I N T E N D E N T

Phone Number (area code and number)

7 0 3 - 8 3 6 - 8 3 0 0

VI. Installation Contact Address (See Instructions)

A. Contact Address
Location Mailing

B. Street or P.O. Box

S A M E

City or Town

State

ZIP Code

VII. Ownership (See Instructions)

A. Name of Installation's Legal Owner

R O B I N S O N T E R M I N A L W A R E H O U S E C O R

Street, P.O. Box, or Route Number

2 D U K E S T R E E T

City or Town

A L E X A N D R I A

State

ZIP Code

V A 2 2 3 1 4 -

Phone Number (area code and number)

7 0 3 - 8 3 6 - 8 3 0 0

B. Land Type

C. Owner Type

D. Change of Owner

(Date Changed)

Indicator

Month Day Year

Yes No

RECEIVED
GENERAL STATE SECTION

OCT 30 1992

EPA, RS

ID - For Official Use Only

A Hazardous Waste Activity

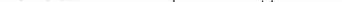
- ### B. Used Oil Fuel Activities

- IX. Description of Regulated Wastes (Use additional sheets if necessary)

(List specific EPA hazardous waste number(s) for the Toxicity Characteristic contaminant(s))

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33. See instructions if you need to list more than 12 waste codes.)C Other Wastes (State or other wastes requiring an ID number. See instructions.)

X-Certification

Signature 	Name and Official Title (type or print) PAUL GILBERT, SUPERINTENDENT	Date Signed 100992
--	---	-----------------------

XI, Comments

ROBINSON TERMINAL IS A SMALL GENERATOR OF NONE-REGULATED WASTE, WASTE OIL AND GREASE FROM WASHING DOWN FORKLIFTS AND TRUCKS. TOTAL 4 TO 5, 55 GAL. DRUMS PER YEAR- NON-HAZARDOUS.

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)



ACKNOWLEDGEMENT OF NOTIFICATION
OF REGULATED WASTE ACTIVITY
(VERIFICATION)

This is to acknowledge that you have filed a Notification of Regulated Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

+ VAD058605262

INSTALLATION ADDRESS

ROBINSON TERMINAL WAREHOUSE CORP
2 DUKE ST
ALEXANDRIA, VA 22314
PAUL GILBERT SUPT
2 DUKE ST
ALEXANDRIA, VA 22314